

Enroll online Nov. 2 through Nov. 23, 2009 at noon (EST)

Open Enrollment 2010

Benefits @ Work

2010 Plan Information

State Personnel Department

Medical Plan Options

- Consumer Driven Health Plan 1 (CDHP1)*
- Consumer Driven Health Plan 2 (CDHP2)*
- Traditional PPO*
- Welborn HMO

*Anthem will administer the medical and Medco will administer the prescription drug benefit

- **Consumer Driven Health Plan**
 - Provides co-insurance coverage after deductible is met
 - Deductible higher than Traditional PPO plan
 - Same deductible and out-of-pocket maximum apply for in-network and out-of-network services
 - Can be paired with Health Savings Account (HSA)

- **Traditional PPO Plan**

- Traditional 2 changes to Traditional PPO, also called “80/20” plan

- Provides co-insurance coverage after deductible is met
 - Employees will pay 20% co-insurance for most in-network services after the deductible has been met instead of a flat dollar amount (co-pay).
 - Separate deductibles and out-of-pocket maximum amounts for In-Network and Out-of-Network services
 - Preventive services now covered at **100%**
 - Pharmacy claims now accrue to the out-of-pocket maximum

- **Welborn HMO**
 - Must select a Primary Care Physician
 - Provides both co-pay and co-insurance coverage
 - No deductible
 - No coverage for Out-of-Network services
 - Limited Service Area

- **Premium**

- bi-weekly amount deducted from your paycheck for your elected health insurance

Plan	Coverage	Bi-Weekly Employee Rate
CDHP 1	Single	\$10.00
	Family	\$10.00
CDHP 2	Single	\$31.00
	Family	\$59.68
Traditional PPO	Single	\$86.56
	Family	\$231.16
Welborn HMO	Single	\$58.49
	Family	\$139.04

- **Deductible**

- set amount you pay before your health plan begins to pay co-insurance

	CDHP 1		CDHP 2		Traditional PPO		Welborn HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Deductible							
Single	\$2,500		\$1,500		\$500	\$1,000	\$0
Family	\$5,000		\$3,000		\$1,000	\$2,000	\$0

• Co-insurance

- percentage you pay for covered services once your deductible has been met

	CDHP 1		CDHP 2		Traditional PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visit	20%	40%	20%	40%	20%	40%
Inpatient	20%	40%	20%	40%	20%	40%
Emergency Room	20%	40%	20%	40%	20%	40%
Urgent Care	20%	40%	20%	40%	20%	40%
Wellness and Prevention	0% (No deductible)	40% (No deductible)	0% (No deductible)	40% (No deductible)	0% (No deductible)	40% (No deductible)
Prescription Drugs	Retail (30 days)	Mail Order (90 days)	Retail (30 days)	Mail Order (90 days)	Retail (30 days)	Mail Order (90 days)
Generic	\$10 co-pay	\$20 co-pay	\$10 co-pay	\$20 co-pay	\$10 co-pay	\$20 co-pay
Formulary	20% min \$30, max \$50	20% min \$60, max \$100	20% min \$30, max \$50	20% min \$60, max \$100	20% min \$30, max \$50	20% min \$60, max \$100
Brand (Non Formulary)	40% min \$50, max \$70	40% min \$100, max \$140	40% min \$50, max \$70	40% min \$100, max \$140	40% min \$50, max \$70	40% min \$100, max \$140
Specialty	40% min \$75, max \$150 (30-day supply)		40% min \$75, max \$150 (30-day supply)		40% min \$75, max \$150 (30-day supply)	

- **Co-pay**

- flat dollar amount you pay for covered services

	Welborn
	In-Network
Office Visit	\$20 co-pay
Inpatient	\$500 co-pay
Emergency Room	\$75 co-pay
Urgent Care	\$35 co-pay
Prescription Drugs	Retail (30-day supply)
OTC Select Drugs	\$5 co-pay
Generic	\$10 co-pay
Formulary	\$20 co-pay
Brand (Non Formulary)	60% coverage \$40 min, \$100 max
Biopharmaceutical Drugs/Injectable Drugs	80% coverage

- **Out-of-pocket maximum**

- total amount of money you will have to pay in the year before you qualify for 100% coverage
- premiums do not count toward the out-of-pocket maximum, and you must still pay premiums if you have met the out-of-pocket maximum

	CDHP 1		CDHP 2		Traditional PPO		Welborn HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Out-of-Pocket Maximum							
Single	\$4,000		\$3,000		\$2,000	\$4,000	\$2,000
Family	\$8,000		\$6,000		\$4,000	\$8,000	\$4,000

- **Health Savings Account (HSA)**
 - exclusive bank account for those enrolled in a CDHP
 - contributions to HSA are tax-free for eligible health expenses

HSA	Coverage	Initial Contribution *	Bi-Weekly Contribution	Monthly Contribution	Maximum Annual ER Contribution
HSA 1	Single	\$687.96	\$26.46	\$57.33	\$1,375.92
	Family	\$1,375.14	\$52.89	\$114.60	\$2,750.28
HSA 2	Single	\$413.40	\$15.90	\$34.45	\$826.80
	Family	\$825.24	\$31.74	\$68.77	\$1,650.48

- **If you, a state employee, are enrolled in any of the following plans, you are not eligible to open or receive contributions to an HSA:**
 - Other insurance coverage that is not a qualifying CDHP
 - Medicare
 - Medicaid
 - Tricare
 - If you have received VA benefits within the previous three months

- **Preventive Services**

- Covered at 100% under CDHP 1, CDHP 2 and Traditional PPO plans
- Covered services include, but are not limited to:
 - physicals
 - pap testing
 - prostate exam
 - immunizations
 - mammogram
 - colonoscopy
 - well baby visits

*** All preventive services are limited to one of each service per year, per covered member.**

- **How does insurance work at the time you see an in-network physician?**
 - To ensure that your provider is in Anthem's network, visit www.Anthem.com
 - Plan name is “Blue Access PPO”
 - Present your Anthem ID card to your physician's office
 - Usually you will not pay at the time of service

- **What can you expect *after* you've seen the in-network physician?**
 - Your physician's office will file a claim with Anthem
 - You and your physician will receive an "Explanation of Benefits" showing your cost-network discounts are applied
 - Your physician will send you a bill
 - If you have not met your deductible, you will be responsible for 100% of the network discounted rate
 - If you have met your deductible, you will be responsible for the co-insurance amount

(continued on next slide)

- **What can you expect *after* you've seen the in-network physician? (*cont.*)**
 - If you have a CDHP with an HSA:
 - You will pay your bill from your HSA or any other funds you might have available
 - If you have the Traditional PPO:
 - You will not have a HSA- pay bill with available funds
 - *Please note that with Traditional PPO, you will have separate, higher deductible, out-of-pocket maximum and co-insurance amounts for Out-of Network services.**

- **Filling a prescription at a pharmacy**
 - Present your new Anthem ID card, with the Medco logo on the back, at an In-Network pharmacy
 - Pay the full network-adjusted amount for your prescription
 - Shop around
 - Ask for generics
 - If you are in a CDHP, you may use your HSA
 - If deductible has been met, pay co-pay for generics and anywhere from 20%-40% for all other tiers

Eligible Dependents

- Dependents eligible for coverage under your plan include:
 - Spouse
 - Children – unmarried natural, step-, foster, legally adopted children, or children who reside in the employee's home for whom the employee or spouse have been appointed legal guardian
 - Age limit – end of the calendar year of 19th birthday, unless they are a full-time student, a full-time student on a medically necessary leave of absence or disabled dependent
 - If they are a full-time student, they are covered until the end of the calendar year of their 23rd birthday
- **A dependent audit will be conducted in 2010 which will require you to validate your relationship with each dependent listed on your plan.**

- **Non-Tobacco Use Agreement**

- In exchange for a \$10 reduction in your state employee group health insurance bi-weekly premium you agree to:

- Abstain from the use of any tobacco products during 2010
 - Be subject to nicotine testing
 - **Understand that if you accept this agreement and later use tobacco products, your employment will be terminated**
 - Rescind your Non-Tobacco Use Agreement prior to use of any tobacco product

- Medical plan rates including premium reduction for acceptance of Non-Tobacco Use Agreement

Plan	Coverage	Bi-Weekly Employee Rate
CDHP 1 W/ Non-Tobacco Use Incentive	Single	\$0.00
	Family	\$0.00
CDHP 2 W/ Non-Tobacco Use Incentive	Single	\$21.00
	Family	\$49.68
Traditional PPO W/ Non-Tobacco Use Incentive	Single	\$76.56
	Family	\$221.16
Welborn HMO W/ Non-Tobacco Use Incentive	Single	\$48.49
	Family	\$129.04

Case Study

The Jones' are a young couple with family health care coverage. Mrs. Jones is pregnant, expecting in September. The baby has a normal delivery in September with follow up well baby visits at 2 weeks, 1 month, and 2 months, in the current year. Both Mr. and Mrs. Jones receive annual physicals. During their physicals both receive vaccines and have routine lab work performed. Mrs. Jones decides to have her baby at Community Hospitals Indiana. In September Mr. Jones has strep throat, which requires a doctor's office visit and is treated with a generic antibiotic. The Jones family uses only in network providers.

	Description		Amount	Date		
	Annual Physicals		\$ 200.00	January		
	Routine Labs w/ Physicals		\$ 150.00	January		
	Vaccines w/ Physicals		\$ 200.00	January		
	OBGYN Costs		\$ 500.00	Jan. - Sept		
	Delivery		\$ 7,772.00	September		
	Well baby visits		\$ 300.00	Sept-Dec.		
	Mr Jones strep throat		\$ 150.00	September		
	Generic Antibiotic		\$ 24.00	September		

			CDHP 1		CDHP 2		Trad PPO
Annual Deductible			\$ 5,000.00		\$ 3,000.00		\$ 1,000.00
Annual Physicals			\$ -		\$ -		\$ -
Routine Labs w/ Physicals			\$ -		\$ -		\$ -
Vaccinations w/ Physicals			\$ -		\$ -		\$ -
OBGYN Costs (applied to deductible)			\$ 500.00		\$ 500.00		\$ 500.00
Delivery							
	Applied to Deductible		\$ 4,500.00		\$ 2,500.00		\$ 500.00
	Incurred at 20% Coinsurance		\$ 654.40		\$ 1,054.40		\$ 1,454.40
	Jones' Family Cost of Delivery		\$ 5,154.40		\$ 3,554.40		\$ 1,954.40
Well baby visits			\$ -		\$ -		\$ -
Mr Jones strep throat			\$ 30.00		\$ 30.00		\$ 30.00
Strep throat generic antibiotic			\$ 10.00		\$ 10.00		\$ 10.00
Total Point of Service Employee Costs			\$ 5,694.40		\$ 4,094.40		\$ 2,494.40
Employee Premium Contribution			\$ -		\$ 1,291.68		\$ 5,750.16
State's HSA Contribution			\$ 2,750.28		\$ 1,650.48		\$ -
Net Cost to Employee			\$ 2,944.12		\$ 3,735.60		\$ 8,244.56

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Benefits @ Work

Questions?

State Personnel Benefits Hotline

317-232-1167

877-248-0007

SPDBenefits@spd.in.gov

www.in.gov/spd/openenrollment

Thank you for your time!